

Signature of Applicant___

Application for City Boards/Commissions/ Committees for Year 2006-2007

Date__

PLEASE TYPE OR PRINT CLEARLY

NAME_____

Personal Information
Business Owner? Yes No Business Name: Occupation: (If retired, please indicate former occupation) Address: Telephone: Fax: E-Mail: Education(optional)
h 1,2 or 3 - where 1 is most preferable and 3 being
Committees Library Committee Outside Agency Funding Parks and Recreation Board Planning and Zoning Commission Research Valley Partnership. Wolf Pen Creek TIF Board Zoning Board of Adjustments
d Committees ee
ssions/committees, please list them here:

Mail completed application to: City Secretary's Office, City of College Station, P.O. Box 9960, College Station, TX 77842.